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FSA-755 (10-21-09)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	1. Crop Year	2A. County FSA Office Name and Address (Including Zip Code):
SUPPLEMENTAL AGRICULTURAL DISASTER ASSISTANCE RELIEF FOR NONINSURABLE CROPS			2B. Telephone No. (Including Area Code):

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to determine eligibility for the supplemental agricultural disaster assistance programs for noninsurable crops. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for participation in the supplemental agricultural disaster assistance programs for noninsurable crops.

The information collection is exempted from the Paperwork Reduction Act, as it is required for administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title I, Subtitle F – Administration). The provisions of appropriate criminal and civil fraud, privacy and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

PART A - PRODUCER INFORMATION (To be Completed by County FSA Office)

3A. Name and Address of Producer (Including Zip Code)	Administrative State and County Office	
	4A. State	4B. County
3B. Telephone Number (Including Area Code):		

PART B - CROP/TYPE IDENTIFICATION (To be Completed by County FSA Office)

In Title XV of the Food, Conservation, and Energy Act of 2008, Congress provided for new disaster programs, which together will be called the "Supplemental Agricultural Disaster Assistance Programs". Generally, producers are eligible for assistance under these programs only if they have, for all crops, obtained either a policy or plan of insurance under the Federal Crop Insurance Act, or NAP coverage. However, producers who were eligible to obtain crop insurance or NAP coverage but did not do so can "request relief". For this purpose, producers who want to request relief of the Risk Management Purchase Requirement for these disaster programs must complete this form if they had noninsurable crops and a separate form, FSA-754, if they had insurable crops and did not have the required policy or plan of insurance.

If relief is granted, and in order to put such producer in a similar position as one who did obtain such required coverage and paid the necessary fees, the producer must pay a fee in an amount of \$250 per crop to be eligible for these disaster programs, within 30 days of the date relief is granted. If this fee is not paid, the producer is not eligible for these programs.

This form is for the noninsurable NAP crops listed below.

List all of the producer's noninsurable crops below for which NAP coverage was not purchased.

5A. Crop/Type	5B. Intended Use	5C. Planting Period

6. Total Fees required for relief based on the crops listed in Item 5 above: \$

7. Remarks (Including additional crops if necessary)

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of Discrimination, write to USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW., Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 845-6136 (Spanish) or (800) 877-8339 (TDD) or (866) 377-8642 (Federal-relay). USDA is an equal opportunity provider and employer.

PART C - PRODUCER AND FSA REPRESENTATIVE'S CERTIFICATION

I have read this form and would like to request relief for Risk Management Purchase Requirement to be waived for the Supplemental Agricultural Disaster Assistance Programs. I certify all information entered on this form (FSA-755) is true and correct. I understand that the relief fee waives the risk management purchase requirement of the Food, Conservation, and Energy Act of 2008, but does not provide NAP coverage. If relief is granted, I agree to pay the total fees listed in Item 6 above within 30 days of the date relief is granted. A separate application must be filed to be eligible for benefits under the Supplemental Agricultural Disaster Assistance Programs.

All information provided herein is subject to verification by the Farm Service Agency. As provided in various statutes, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies. I am aware of and understand the requirements of the Collection of Information and Data (Privacy Act).

8A. Producer's Signature (By)	8B. Title/Relationship of the Individual Signing in the Representative Capacity	8C. Date (MM-DD-YYYY)
9A. Signature (COC Representative)	9B. Title	9C. Date of COC Minutes (MM-DD-YYYY)

PART D – STC ACTION

10. STC Action (select one): <input type="checkbox"/> A. Requirements for relief met, relief granted. <input type="checkbox"/> B. Requirements for relief not met, relief not granted.	11. Amount of Fees Owed \$	
12A. Signature (SED or STC)	12B. Title	12C. Date (MM-DD-YYYY)

PART E – COLLECTION OF FEES

13A. Amount of Fees Paid (Producer completes) \$	13B. Producer Signature (By)	13C. Title/Relationship of the Individual Signing in the Representative Capacity	13D. Date (MM-DD-YYYY)
14. Schedule of Deposit Number (CCC-257) According to 3-FI (to be completed by COC)			